



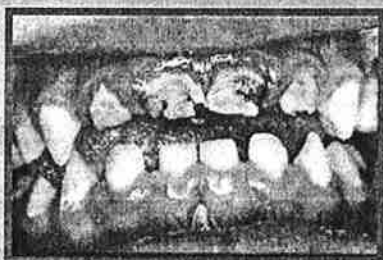
I-SMILE™ DENTAL HOME INITIATIVE

IOWA DEPARTMENT OF PUBLIC HEALTH - ORAL HEALTH BUREAU

**WHICH CHILD DO YOU
THINK HAS A BETTER
CHANCE AT SUCCEEDING?**



A child with a healthy mouth



A child with advanced tooth decay

**THE ORAL HEALTH OF
A CHILD IS ESSENTIAL TO
WELL-BEING, GROWTH,
DEVELOPMENT, ABILITY
TO LEARN, AND
OVERALL HEALTH.**

DISEASE

- Tooth decay is on the rise for children in Iowa, regardless of family income or insurance coverage.ⁱ
- 22% of Iowa third-graders have untreated decay, an increase from 13% in 2006 - indicating a need for more prevention and accessible restorative care.ⁱⁱ
- One in seven Iowa children has an unmet dental treatment need.ⁱⁱⁱ

ACCESS

- 54% of Iowa dentists are over the age of 50.^{iv}
- At least 71 Iowa counties are likely to be designated as dental Health Professional Shortage Areas during the next year.^v
- The American Dental Association recommends a child's first check-up by their first birthday.^{vi} However in 2009, 99.5% of Iowa's Medicaid-enrolled children did not receive an exam from a dentist prior to age 1.^{vii}
- 7% of Medicaid-enrolled children received a screening from public health staff through the I-Smile™ program before their first birthday.^{viii}
- Dental hygienists in Iowa were relied upon to complete 26% of the required dental screenings for school enrollment during school year 2008-2009.^{ix}
- Physicians and nurse practitioners provide some preventive dental care, but schedules and patient-load limit their capacity to play an increased role in I-Smile™, and there is little financial incentive to include preventive dental services as part of well-child care.^x

PREVENTION

- Tooth decay can be prevented.^{xi}
- The cost for a highly effective fluoride varnish application is less than \$15 – a small filling costs more than three times this amount.^{xii}
- 40,628 fluoride varnish applications were provided through the I-Smile™ program in 2009.^{xiii}
- Costs for dental care are nearly 40% less for Medicaid-enrolled children when their first preventive dental visit occurs before the age of 1 - than children whose visit occurs later.^{xiv}
- Children are more likely to have their first dental visit between ages 1 and 2 and have less need for dental treatment in a hospital if born to mothers who receive dental care and education during pregnancy – than children whose mothers do not receive the same oral health services.^{xv}

THE I-Smile™ DENTAL HOME APPROACH

The I-Smile™ program uses 24 dental hygienists - known as I-Smile™ Coordinators - located in public health agencies around the state to help families get dental care.

Through I-Smile™:

- Children are enrolled in **hawk-i** and Medicaid – to improve access and make dental care more affordable
- Families receive care coordination – to improve patient compliance for dental care
- At-risk children are offered preventive dental services – to stop tooth decay before it begins
- Children are connected with local dentists – to get exams and treatment when needed
- Families and others are educated about oral health – to increase awareness of the importance of early and regular dental care
- Medical providers are trained on children's oral health – to improve the likelihood of at-risk children receiving preventive care

POLICY RECOMMENDATIONS

1. Continue to support the I-Smile™ program to strengthen dental referral systems, provide preventive dental services, train health care providers, and promote good oral health starting at birth.
2. Explore new dental workforce models that would expand preventive and restorative dental services in Iowa and improve upon the use of an available dental hygiene workforce. This could include creating a baccalaureate program for dental hygienists with an emphasis on public health.
3. Recognize oral screenings/assessments as a standard of care within EPSDT dental periodicity.
4. Allow physicians to bill Medicaid for dental screenings outside of the EPSDT bundled well-child exam rate.
5. Expand loan repayment options for dentists and dental hygienists who provide services to underserved Iowans, particularly in rural counties.

I-Smile™ COORDINATORS IN IOWA COMMUNITIES



An I-Smile™ Coordinator teaches Iowa families about good oral health habits.



I-Smile™ Coordinators provide outreach to increase awareness on children's oral health.



An I-Smile™ Coordinator applies fluoride varnish for the preventive care of an at-risk child.

¹ Iowa Department of Public Health, 2009 Third Grade Open Mouth Survey Report.

² Ibid.

³ Iowa Department of Public Health, School Dental Screening Data.

⁴ Iowa Health Professions Tracking System, 2008.

⁵ Iowa Department of Public Health, Bureau of Health Care Access Data.

⁶ Journal of the American Dental Association, Vol 133, pg 255, Feb 2002.

⁷ Iowa Medicaid Enterprise, Paid Claims Data 2008.

⁸ Iowa Medicaid Enterprise, Paid Claims Data 2009.

⁹ Iowa Department of Public Health, School Dental Screening Data.

¹⁰ Inside I-Smile™ Report - 2009 Update.

¹¹ Oral Health in America; A Report of the Surgeon General.

¹² Iowa Department of Human Services, Medicaid Fee Schedule 2009.

¹³ Iowa Medicaid Enterprise, Paid Claims Data 2009.

¹⁴ National Oral Health Policy Center, Trendnotes, Oct 2009.

¹⁵ National Network for Oral Health Access, Quarterly Newsletter, Summer 2009.

